

**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
CAPITAL HEALTH PROJECT**

**ROUND 3
WELLNESS PROMOTION**

Request for Applications (RFA)
RFA #CHP_10.14.09

October 14, 2009

**Department of Health
825 North Capitol Street, N.E.
4th Floor
Washington, D.C. 20002**



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**DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
CAPITAL HEALTH PROJECT**

ROUND 3: WELLNESS PROMOTION

Request for Applications (RFA)

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Assurances

i. Definitions

For the purposes of this RFA, please use the following definitions as guidance:

Applicant:	An individual applicant or an applicant team of partners.
Wellness Promotion:	Efforts to promote positive health outcomes (including disease prevention) by addressing determinants of health other than acute health care, including but not limited to behavioral factors such as choices regarding exercise, nutrition, tobacco use, etc.
Target Populations:	The District residents on which a wellness promotion project/intervention will focus. Target population can be determined by geography, age, presence of health risks (e.g., overweight and/or obese) or other factors or combination of factors.

I. OVERVIEW

A. Source of Funding

The District of Columbia Department of Health (DOH) has been charged by the Mayor with administering the Community Health Care Financing Fund (the “Fund”) created from the sale of Tobacco Settlement Asset-Backed Bonds. Purposes of the Fund include expansion of health care facilities and programs.

Portions of the Fund have already been granted or reserved, including \$20 million for implementation of a comprehensive cancer prevention program, \$10 million for anti-smoking efforts, \$10 million to fund a comprehensive chronic disease management and prevention program, \$6 million for establishing a regional health information exchange (RHIO), \$1.5 million to buy new ambulances, and \$79 million for the revitalization of the former Greater Southeast Community Hospital. In addition, \$51 million was awarded in a first round of Capital Health Project grants devoted to primary and emergency care sites and \$28 million in funding has been recommended for a second round focused on primary and urgent care facilities.

B. Theoretical Framework for Wellness Promotion

Many people in the US seek health care *after* an event such as an acute illness or a complication of chronic disease. Recently, leaders in health care have advocated for people to interact with a health professional regularly to increase the chances of early disease detection and possibly disease prevention via screenings and education. A step beyond this prevention model takes us out of the “patient-doctor” interaction to the “people-place” interaction. Research supports the position that addressing the factors that impede the adoption of healthy behaviors in our social interactions and daily living environment will benefit society significantly.

As noted in the Phase 1 RAND Corporation report on health and health care in the District, the health of a population is the product of a multitude of factors: “Evans and Stoddart (1990) classify health outcomes into three categories—disease and injury, health and function, and wellbeing— and the determinants of health into six categories—social environment, physical environment, genetic environment, individual response, health care, and prosperity. Social environment includes family structure, education and employment, for example; physical environment includes the availability of ‘green’ space, air quality, and water quality; and individual response includes health behaviors such as tobacco use, seat belt use, and exercise.”¹

Health care, in this framework, is only one of the six categories of determinants of health. Individual response, which encompasses the choices people make concerning exercise, smoking cessation, nutrition and other factors outside the clinical context, is another critical determinant.

The first two rounds of Capital Health Project (CHP) grants were focused on increasing access to primary, urgent and emergency care by supporting development and expansion of health centers and hospital emergency departments.

As discussed above, there is much more to wellness than health care. The goal for this third round of Capital Health Project grants is to improve the health of District residents by addressing factors other than clinical acute care that are essential to positive health outcomes.

II. PURPOSES AND AMOUNT OF THE RFA

A. Purposes of the RFA

The Government of the District of Columbia, Department of Health (DOH), is soliciting applications from qualified organizations located and licensed to conduct business within the District of Columbia to (A) maximize, through outreach, referral and other efforts, the

¹ N. Lurie *et al.*, *Assessing Health and Health Care in the District of Columbia*, RAND Corporation, January 2008, p.1

utilization and impact of primary health care centers; and (B) promote exercise, good nutrition and other elements, in addition to health care, that are essential to wellness.

Applicants should specify whether their applications will address purpose A (maximizing utilization and impact of health centers) or purpose B (promoting wellness outside the clinical context). Applicants wishing to address both purposes should submit a separate application for each.

Organizations may apply for funding under purpose A for initiatives that seek to accomplish any of the following:

1. Increase the number and percent of individuals in the target area and/or population(s) who report having a usual source of care (exclusive of emergency departments).
2. Increase utilization of preventive services, including immunizations, at community health centers.
3. Increase the impact of community health centers on health outcomes.

Examples of eligible initiatives include but are not limited to the following: outreach and education campaigns targeting populations disproportionately reporting no usual source of care, outreach to and medical home enrollment of patients visiting emergency departments for non-emergent conditions, assessment of availability and utilization of recommended preventive health services at health centers, outreach and education campaigns to existing health center patients and/or the community more broadly to encourage use of preventive services, support tools and education to help clinicians implement the recommended preventive services guidelines, expansion of non-medical services provided on-site at health centers, establishment of partnerships and programs between health centers and non-health partners (businesses, community and advocacy organizations, schools, etc.) that promote the wellness of health center patients.

Organizations may apply for funding under purpose B for community-based initiatives in areas such as, but not limited to: outreach (through workers and/or media); health/wellness education; care coordination; stress management and counseling; exercise; recreation; nutrition (e.g., farmers' markets, urban gardens); reducing exposure to environmental risk factors (e.g., violence, lead, tobacco); and enhancing online access to health information.

Proposed projects in either category must be evidence-based (i.e., using proven best practices) and have the potential for replication and/or expansion. Applications must include clear objectives and an evaluation plan with measurable outcomes. All grantees will also be required, at the conclusion of the grant, to present plans for sustaining program impacts and/or expanding the program's scope.

B. Amount of Funding Available

Approximately \$1,000,000 (one million dollars) will be available in Round 3 of the Capital Health Project, for grants of up to three years in duration. Funding is being provided from the Community Health Care Financing Fund in accordance with the Community Access to Health Care Amendment Act of 2006. These funds are currently available.

Purpose A - Maximizing Utilization and Impact of Health Centers: \$250,000

Purpose B – Promoting Wellness outside the Clinical Context: \$750,000 to fund at least two and not more than four awards.

The amount of each individual award will be determined by the Department of Health after its consideration of technical review scores and comments and review of the applications submitted. The minimum grant award will be \$100,000 (as noted above, an award will generally be expended over a period of up to three years).

III. GRANT USES AND CONDITIONS OF AWARD

- Grants will be used exclusively for purposes described in II.A above.

Conditions of Award

As a condition of award, all successful applicants who are issued a Notice of Grant Award (NOGA) will be required to submit, for DOH approval, a plan or report related to the following:

a. Report on Client / Patient Demographics

Grantee must submit annual aggregate patient/client information. For direct service activities, clients should be categorized by zip code of residence, gender, race/ethnicity, income (if available) and services provided. For non-direct service activities, grantee must submit detailed demographic information, including income and poverty rate data if available, on the population expected to benefit from each activity.

b. Report on Workforce

Grantee must submit an annual report summarizing the number of FTEs (covered in part or entirely by the grant) by type of FTE, including but not limited to: clinicians; outreach workers; mental health professionals; health educators; exercise/fitness or recreation professionals; nutritionists; finance/credit experts; administrators/managers; and administrative support staff.

c. Evaluation Plan

Grantee must develop a DOH-approved evaluation plan that includes measurable outcomes related to the purposes of the RFA as outlined in Section II.A above. Outcomes to be measured could include, for example: increase in preventive visits to community health centers and decrease in emergency room visits by the target population; increase in physical activity, reduction in overweight/obesity prevalence, and increase in average daily fruit and vegetable consumption within the target population. The evaluation plan should provide for a complete description of effective approaches, to facilitate replication. The grantee will submit to DOH an interim evaluation of the program for each fiscal year of the grant and a final evaluation report within six months of the conclusion of the grant period.

IV. WELLNESS PROMOTION GRANTEES

A. Eligibility Criteria

1. Eligible Applicants:

Eligible applicants are not-for-profit organizations currently located and licensed (if required) to operate in the District of Columbia. Partnerships between not-for-profit and for-profit organizations are permitted, if a lead not-for-profit applicant is designated. Applications on behalf of more than one organization must include letters of intent or similar documents confirming the roles of each organization in the application.

2. Eligible Uses of Grant Funds:

The purpose of these funds is to promote wellness through activities such as those described in II.A.

B. Scoring Criteria

All applicants responding to the RFA will be evaluated according to the following Scoring Criteria, with a total possible score of 100 points. Grant applications will be reviewed against the scoring criteria, summarized in the table below and further detailed in the subsequent narrative.

Scoring Criteria: Outline	Maximum Points
1. Program Description	80
a. Need <ul style="list-style-type: none">i.Target area and/or population(s)ii.Components of wellness to be addressed – e.g., exercise, nutrition, recreation, access to preventive health services – and why.iii.Other RAND-identified issues addressed	25
b. Project Description <ul style="list-style-type: none">i.Objectivesii.Project approach/services to be providediii.Evaluation design and outcome measures	25
c. Project Structure <ul style="list-style-type: none">i.Description of project team/partnershipsii.Description of project structure	20
d. Budget	10
2. Organizational Capability	20
a. Experience <ul style="list-style-type: none">i.Experience providing the specified, or comparable, servicesii.Experience serving the target area/population(s)iii.Relevant accomplishments, citations, awards, etc.iv.Current financial statements	20
TOTAL	100

Scoring Criteria: Detailed Overview

1. Program Description

a. Need

i. Target area and/or population(s)

Indicate the target area and/or population(s) -- e.g., youth, seniors, the overweight/obese -- for the proposed wellness promotion project. Applications for projects under purpose A should specify the primary care sites involved and describe the relationship between the proposed target areas and the zip codes identified as “high priority areas for expanding primary care capacity” in the RAND Phase 2 Report.

ii. Components of wellness to be addressed

Describe the components of wellness – e.g., exercise, recreation, nutrition (including availability of healthy food choices), access to preventive health services, etc. – to be addressed by the project, and how the project will improve the health outcomes of DC residents by focusing on this component/these components. Why is it necessary to focus on this component in the target area/for the target population? This section should include a discussion of the evidence that supports the overall project approach/program model.

iii. Other RAND-identified issues addressed

List any other issues identified in the RAND Phase 1 or Phase 2 report that are relevant to the target area and population(s) and will be addressed by the proposed project.

b. Project Description

i. Objectives

Outline the specific objectives for the project (i.e., what the project aims to achieve) and the proposed activities that correspond to each objective.

ii. Project approach/services to be provided

Describe the wellness promotion services to be provided, including projections of the number of District residents, by target area and population (to the extent applicable and possible), that would receive/benefit from each service or intervention. For example, for a project under purpose A that aims to increase use of preventive services at community health centers, the

application could include projections of the increase in preventive care visits and the reduction in emergency department visits that would result from project activities. Please include an explanation of how the projections were calculated.

iii. Evaluation design and outcome measures

List the variables that will be used to measure the impact of the project. These variables should in most cases measure the impact of the project on participants' health, rather than capturing only project utilization, although utilization and other process measures can be included along with outcome indicators.

Outcome indicators could include, for example: increase in the percentage of adults and/or youth getting adequate physical activity, decrease in overweight/obesity prevalence, decrease in the consumption of sugar-sweetened beverages, and increase in average daily fruit and vegetable consumption within the target population; increase in the number of preventive visits to primary health care centers and decrease in the number of emergency department visits by the target population; and improvements in key health statistics for members of the target population with a chronic illness. Please describe how baseline data will be collected or otherwise obtained for these variables, and how data on these indicators will be collected during the duration of the project. If impacts on outcomes are expected to be realized only after the end of the project period, the evaluation plan should include both process indicators applicable to the project period and a plan for collecting and reporting outcome data to DOH after the end of the project period.

c. Project Structure

i. Description of project team/partnerships

Describe the project team, including partnerships and/or other relationships with organizations expected to have an effect on the success of the proposed project. Please include letters of intent or similar documents confirming the roles of each organization in the application.

ii. Description of project structure

Describe how the project will operate, including how it will ramp up, the staffing plan (and rationale for that plan) and allocation of management responsibilities.

d. Budget

Applicants must submit a detailed line-item budget demonstrating a clear understanding of the total project cost. DOH will evaluate the total budget amount and each line item.

2. Organizational Capacity

a. Experience

i. Experience providing the specified, or comparable, services

Describe the applicant's experience with delivering the services detailed in b.(ii) above, or with delivering comparable services. If the project team includes more than one organization, please describe the relevant experience of each organization.

ii. Experience serving the target area and/or population(s)

Describe the applicant's experience with serving the target population(s) (e.g., youth, seniors) and/or the target area (e.g., wards, neighborhoods, zip codes). Please list all of the applicant's/project team's programs and projects that provide services to the target population(s) and/or in the target area.

iii. Relevant accomplishments, citations, awards, or other types of recognition

Describe any relevant accomplishments, citations, awards, or other types of recognition that attest to the applicant's ability to successfully initiate and manage the proposed project.

iii. Current Financial Statements

Applicants should provide year-end 2008 financial statements including a Balance Sheet, Income Statement and Statement of Cash flows. In cases of joint applications, financial statements should be provided for each member of the applicant team.

V. SUBMISSION REQUIREMENTS

Application Checklist

Complete the checklist that accompanies this RFA (Attachment A)

Applicant Profile

Complete the template that accompanies this RFA (Attachment B)

Formatting Requirements

- a. Font size: 12-point unreduced
- b. Spacing: Double-spaced
- c. Paper size: 8.5 by 11 inches
- d. Page margin size: 1 inch
- e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
- f. Printing: Only on one side of page
- g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way

Assurance Submission Requirements

This section describes the requirements for submission of assurances, certifications and other documents required. Assurances and certifications are of two types: those required to submit applications and those required to sign grant agreements. Failure to submit the required assurance package will make the application ineligible for funding consideration or in-eligible to sign/execute grant agreements without conditions of award.

Assurances Required to Submit Applications (Pre-Application Assurances):

- a. Signed certifications and assurances (Attachment D)

If the applicant does not have current versions of the documents listed below (b – e) on file with DOH they must be submitted with the application.

- b. A current business license, registration, or certificate to transact business in the relevant jurisdiction
- c. 501 (C) (3) certification (for non-profit organizations)
- d. Current certificate of good standing from local tax authority
- e. List of board of directors

The assurance package must be submitted along with the application. Only ONE package is required per submission.

Application Elements & Format

Applicants should address the points identified in Section IV above, adhering to the following additional requirements and within the following page limits.

1. Program Description (Maximum 25 pages)

An application may include more than one project. In such a case, the program description for all projects/sub-projects combined should not exceed 25 pages.

2. Organizational Capability (Maximum 10 pages)

Application Delivery

Application materials must be submitted to the District of Columbia Department of Health (825 North Capitol Street NE, **Third Floor Reception**) by **5:00 p.m. on November 20, 2009**. Applications delivered at or after 5:01 p.m. on November 20, 2009 **will not** be forwarded to the review panel for funding consideration. Submit **one original copy** and **five additional paper copies**, with labels indicating original and copy, along with a CD containing an electronic copy of the application. You must submit one Assurance Package (described above) along with your application.

VI. SUBMISSION TIMELINE

- | | | |
|----|------------------------------------|-------------------|
| A. | Request for Applications Released: | October 14, 2009 |
| B. | Pre-Application Conference: | October 20, 2009 |
| C. | Applications Due: | November 20, 2009 |
| D. | Notice of Grant Award: | TBD |

VII. REVIEW PROCESS AND FUNDING DECISIONS

- Applications may be reviewed by a Technical Panel composed of DOH staff and consultants, as well as by an independent Scoring Panel.
- A Technical Panel would carry out a technical review of the project designs, scheduling and budgeting to provide guidance to the Scoring Panel.
- Applicants may be asked to answer questions or to clarify issues raised during the technical review process, in order to provide additional information to the Scoring Panel.
- Applications will then be reviewed by members of an independent Scoring Panel, who will score the applications based on the criteria outlined in Section IV.B (above).
- DOH staff will then review the scoring and make recommendations for funding awards to the DOH Director. Applicants may be asked to answer questions or to clarify issues raised during this final review process; site visits may also be scheduled as part of this process.

VIII. STANDARD APPLICATION ATTACHMENTS

The items below must be submitted prior to, or accompany, your application submission. The templates and forms are located in the final section of this RFA.

- Application Checklist (Attachment A)
- Applicant Profile (Attachment B)
- Applicant Receipt (Attachment C)
- Assurances & Certification
 - Certification and Assurances (Attachment D)
 - Licenses
 - Certificate of Good Standing from DC Office of Revenue
 - Certificate regarding lobbying
- Attachment E – Workplan
- Attachment F - Staffing Plan
- Attachment G – Standard DOH Budget Form (Including Narrative Template)

Please use templates provided by the Department of Health for the submission of work plan, budget and staffing plan.

Attachment A

District of Columbia Department of Health

RFA #CHP_10.14.09

Application Checklist

Applicant Name: _____

Application element checklist items:

The applicant organization/entity has responded to the following sections of the Request for Application:

- ☐ Application Checklist (Attachment A)
- ☐ Applicant Profile (Attachment B)
- ☐ Application Receipt (Attachment C)
- ☐ All required application sections, elements and formats
- ☐ One original copy has been labeled for submission along with five additional copies. An electronic copy has been provided on CD.
- ☐ One Assurance Package has been submitted to include the following requirements:
 1. Signed certifications and assurances (Attachment D) – *All Applicants*
For applicants that do not currently have the following on file with DOH:
 2. A current business license, registration, or certificate to transact business in the District of Columbia
 3. 501 (C) (3) certification (for non-profit organizations)
 4. Current certificate of good standing from local tax authority:
Department of Tax and Revenue
941 North Capitol St., NE 5th Floor.
 5. List of board of directors
 6. Medicaid certification if applicable.

Assurance Packages may be submitted along with the application submission or separately PRIOR to the due date. For early submission, route to: Charles Nichols (202-442-9414) at 825 North Capitol Street NE, Washington DC 20002, Room 3137.

- ☐ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins.
- ☐ The application is unbound and submitted with rubber bands or binder clips only.

Attachment B

**District of Columbia Department of Health
RFA #CHP_10.14.09**

Applicant Profile

APPLICANT NAME: _____

TYPE OF
ORGANIZATION: _____ Non-Profit Organization _____ For-Profit Organization
_____ Other: _____

Contact Person: _____

Title: _____

Street Address: _____

City, State ZIP: _____

Telephone: _____

Fax: _____

Email Address: _____

Ward: _____

Organization Web-site: _____

Names of Organization
Officials: Board Chair: _____

Board Treasurer: _____

Chief Executive Officer: _____

Chief Financial Officer: _____

Signature of Authorized Official:

Attachment C

**District of Columbia Department of Health
Application Submission Receipt**

Date/Time Stamp:

RFA #CHP_10.14.09

Applicant Name: _____

Application Delivered by: _____
(Please print name)

TOTAL FUNDING REQUEST: \$ _____

Statement of Application Receipt

This certifies that one (1) original plus five (5) paper copies and a CD containing an electronic copy per application were delivered to the District of Columbia Department of Health.

Received by: _____
(Signature of DOH Personnel)

Please affix entire page to the "Original" Application

District of Columbia Department of Health

Application Submission Receipt

Date/Time Stamp:

RFA #CHP_10.14.09

Applicant Name: _____

Application Delivered by: _____
(Please print name)

TOTAL FUNDING REQUEST: \$ _____

Statement of Application Receipt

This certifies that one (1) original plus five (5) copies and a CD containing an electronic copy per application were delivered to the District of Columbia Department of Health.

Received by: _____
(Signature of DOH Personnel)

This portion of the receipt will be returned to the applicant

Attachment D

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health



**Certifications Regarding
Lobbying, Debarment and Suspension, Other Responsibility Matters, and
Requirements for a Drug-Free Workplace**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

**2. Debarments and Suspension, and Other Responsibility Matters
(Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

The applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The applicant certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs;

and

- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
- (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
- (7) Abide by the terms of the statement; and
- (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for Health Promotion, 825 North Capitol St. NE, Room 3115, Washington DC 20002. Notice shall include the identification number(s) of each effected grant.
- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---
 - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).
- (11) The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

(12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

(13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 825 N. Capitol St., NE, Washington, DC 20002

As the duly authorized representative of the applicant/organization, I hereby certify that the applicant will comply with the above certifications.

Applicant Name: _____ IRS/Vendor ID: _____

Applicant Address: _____

Authorized Representative: _____ (Print Name & Title)

Signature: _____ Date: _____

Assurances

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Application assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.

-
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
 3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
 4. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act if applicable.
 5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
 6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
 7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
 8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
 9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
 10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
 11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
 12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as

amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.

15. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

As the duly authorized representative of the applicant/organization, I hereby certify that the applicant will comply with the above assurances.

Applicant Name: _____ IRS/Vendor ID: _____

Address: _____

Authorized Representative: _____ (Print Name & Title)

Signature: _____ Date: _____

ATTACHMENT E

Proposed Work Plan

Name of Organization:
Contact Person:

Telephone:
Email Address:

Funding
Period:
Total Award: \$
Project Title: INSERT THE TITLE OF YOUR PROJECT

PROPOSED WORK PLAN*

Page 1 of ____

GOAL 1: Insert in this space one proposed project goal. Proceed to outline administrative and project objectives, activities and targeted dates in the spaces below. Identify key persons and roles.

Measurable Objectives/Activities:

Process Objective #1: INSERT IN THIS SPACE

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			
4			

Process Objective #2:

	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			
4			

Process Objective #3:

	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			

ATTACHMENT E

Proposed Work Plan

2			
3			
4			

Continue with this format to outline additional goals and related process objectives.

DOH use only:

* Submitted for review and approval by DOH personnel

Approved: ____/____/____ by: _____

[] Original Submission

[] Revision No. ____

Name of Organization:

Funding Period:

Project Title:

Proposed Work Plan Page 2 of ____

GOAL 2:

Measurable Objectives/Activities:

Process Objective #2.1: INSERT IN THIS SPACE

Key activities needed to meet this objective:	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			
4			

Process Objective #2.2:

	Start Date:	Completion Date:	Key Personnel (Title) / Contractor/s
1			
2			
3			
4			

Process Objective #2.3:

	Start Date:	Completion	Key Personnel (Title) / Contractor/s
--	-------------	------------	--------------------------------------

ATTACHMENT E

Proposed Work Plan

		Date:	
1			
2			
3			
4			

Continue with this format to outline additional goals and related process objectives.

DOH use only:

** Submitted for review and approval by DOH personnel*

Approved: ____/____/____ by: _____

☐ Original Submission

☐ Revision No. ____

ATTACHMENT F

Agency:

Program Area:

[illegible]

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Below are instructions for completing the Budget Worksheet. The worksheet allows you to outline your budget by the type or category of projected expenditures (e.g. personnel, contractual services, supplies, etc.). This will be reviewed by DOH staff and should be revised if requested -- until approved. During the award period, no changes in the approved budget can be made without a budget modification request, resubmission of the budget and final approval by DOH. Invoices, expenditure reports and supporting documents submitted must reflect the approved budget.

This budget worksheet should reflect the TOTAL award amount. You will be asked to project what proportion of the award amount will be budgeted for FY 09 (start date - Sept 09). This will also be requested for each section.

Some of the line items may not be applicable or may not be allowed for the type/source of funding you are receiving. In that instance, you must indicate "not applicable" in the spaces provided on the worksheet.

A Narrative Justification is required for each line item that has been budgeted. A template has been provided. The format must be followed, but you may choose to present the information in a WORD format rather than EXCEL.

For Capital Health Projects, a revised Sources and Use of Funds form must be completed if your project information has changed.

A Project Work Plan is also due and is provided for your convenience as a worksheet along with these budget forms.

Contact: _____ if you need technical assistance with these forms

Budget Worksheet Guidance

DOH Use ONLY	DOH will pre-fill the following: Funding Period, Funding Source, Service Area and Solicitation No.
Organization's Name	Provide organization's legal name
Vendor ID	Insert your organization's tax ID number
Contact Person	Insert the name of the person responsible for completing and communicating with DOH regarding this budget.
Telephone & Email	Insert the contact person's telephone and email address.
Projected FY 09 Amount	Insert the total projected amount of funds that will be utilized / needed in FY 09 (Start date through Sept 09)

FY 09 Amount Budgeted

(Located in each Section)

Indicate of the total amount for each budget category, the proportion that is budgeted for FY 09.

Locate:

FY 09 Amount Budgeted:
<input type="checkbox"/> #DIV/0!

Insert the amount budgeted for FY 09 in the blank field. A percentage will automatically populate the adjacent field.

Personnel Schedule

This section provides projected salary and fringe costs for your proposed program. This schedule provides two options for calculation, salary or hourly wage; Provide your agencies fringe benefit rate, as approved in your personnel policy; the justification should include what benefits are covered under fringe; and the fringe rate should be applied to the total salary line. If personnel support for this activity is in-kind, this must be indicated on the budget form.

Total Total Personnel

The total line will provide the total proposed salary line plus the applicable fringe rate. This line will provide the combined total of proposed salary and fringe costs.

Consultants/Contractural

Provide a list of positions or activities that will be carried out by consultants or through contracts. Provide the unit of payment, this could be by the hour or the completed task; and provide the cost of each unit and the number of units being contracted for.

Occupancy

Rent

This line item should be calculated using the following formula:

Percentage of space occupied by the proposed program, times the cost per square foot, times 12 months.

EXAMPLE: This example supposes that your program will occupy 100 square feet at a cost of \$30 per square foot, per month. 100 sq.ft. x \$30.00 per sq. ft. = \$3,000 x 12 months for a total of \$36,000.

Utilities

This line should be calculated by naming utilities Gas/Electric/Water, as applicable. Provide an overall projected costs of those utilities multiplied by number of months (in most cases 12) of your program.

Travel/Transportation	<p>This line item should be calculated with two items in mind. If your organization has a policy that allows for reimbursement for staff's use of their personal vehicles you should complete by filling in the unit as one mile, the unit reimbursement cost per OMB is 48.5 cents per mile, the projected number of miles staff will be traveling and total budget.</p> <p><i>EXAMPLE: This example supposes that the total projected travel for the duration of the program will be 500 miles. 48.5 cents per mi. x 500 miles = a total budget of \$243.</i></p> <p>The other item that should be included in this line is tokens/farecards for organization's staff. You should provide a projected number that you will need for your program, indicate the unit, the unit cost, number to be purchased and total cost.</p>
Supplies	<p>This line should indicate the total projected costs of General Office Supplies needed to administer your program that have a value of \$5,000 dollars or less.</p>
Capital Equipment / Costs	<p>Capital Equipment are individual purchases that exceed \$5000. These purchases must be pre-approved by DOH. Other Capital Budget Items, such as land acquisition must also be approved by DOH.</p>
Client Cost	<p>This line should include specific client costs related to your program. ie. Tokens, farecards, incentives (where allowed), and other program appropriate client costs.</p>
Communications	<p>This line should include costs associated with maintaining communications necessary to administer your program. ie. telephone, internet, fax lines, copying. You should complete a projected costs for each item, indicate the unit and number in the budget sheet.</p>
Other Direct Costs	<p>This line should be comprised of direct program costs that cannot be attributed to other budget lines.</p>
Indirect Costs	<p>If your Organization has a Federally Negotiated Indirect Cost Agreement, DOH will accept that document in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed the percentage annotated in the Request for Application. If your Organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed the percentage annotated in the Request for Application.</p>

ATTACHMENT G

See next page for budget template

ATTACHMENT G

Budget Worksheet

DOH USE ONLY

Name of Organization:

Vendor ID No:

Contact Person:

Telephone:

Email Address:

Total Award:

Projected FY 09 Amount: _____ (Start Date through Sept 09)

Funding Period:

(or TBD)

Funding Source:

Service Area:

Solicitation:

Not Applicable

DOH ID / Grant No.:

If there are line items on the Budget Sheet that are not applicable or are not allowed, insert "not applicable" into the first column of that line item.

Personnel Schedule

Position Title	Site	Option No. 1		Option No. 2				Personnel & Benefits Costs			
		Annual Salary	FTE	Hourly Wage	Hours per Month	Monthly Salary or Wage	No. of Mo.	Budget Amount	Benefits Ratio %	Benefits Amount	TOTAL Budgeted
										0.00	\$ -
											\$ -
											\$ -
											\$ -
											\$ -
TOTAL											\$ -

FY 09 Amount Budgeted:

#DIV/0!

Consultant/Contractual

ATTACHMENT G

Item / Contractor Name	Site	Unit	Unit Cost	Number	Budget
ABC Consulting - SAMPLE	1	Evaluation services (hourly)	225.00	30	\$ 6,750
ABC LogisitcsInc - SAMPLE	3	Health Fair Logistics (3 events)	6500.00	1	\$ 6,500
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL					\$ 13,250

FY 09 Amount Budgeted:

0%

Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
Rent					
Utilities (Gas/Electric/Water)					
TOTAL					\$ -

FY 09 Amount Budgeted:

#DIV/0!

Travel / Transportation Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					\$ -
TOTAL					\$ -

FY 09 Amount Budgeted:

ATTACHMENT G

#DIV/0!

Supply Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					\$
					\$
					-
TOTAL					\$
					-

FY 09 Amount Budgeted:

#DIV/0!

Capital Equipment / Costs Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					\$
					-
					\$
					-
					\$
					-
					\$
					-
TOTAL					\$
					-

FY 09 Amount Budgeted:

#DIV/0!

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					\$
					-
					\$
					-
					\$
					-
					\$
					-
TOTAL					\$
					-

FY 09 Amount Budgeted:

ATTACHMENT G

#DIV/0!

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					\$
					\$
					-
TOTAL					\$
					-

FY 09 Amount Budgeted:

#DIV/0!

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
				\$
				-
				\$
				-
				\$
				-
TOTAL				\$
				-

FY 09 Amount Budgeted:

#DIV/0!

Indirect Costs Schedule

Item	Unit	Unit Cost	Number	Budget
				\$
				-
TOTAL				\$
				-

FY 09 Amount Budgeted:

#DIV/0!

If there are line items on the Budget Sheet that are not applicable or are not allowed, insert "not applicable" into the first column of that section.

ATTACHMENT G

See next page for budget narrative template

Name of Organization:	
Contact Person:	
Telephone #:	
Email Address:	
Total Award:	

Funding Period:	
Funding Source:	
Service Area:	
Solicitation:	

Budget Narrative/Justification

Personnel:

Fringe Benefits:

Consultants/Experts:

Occupancy:

Transportation:

Supplies and Minor Equipment:

Capital Equipment/Costs:

Communications:

Other Direct Costs:

Indirect Costs:

